PTO/SB/06 (12-04)

Approved for use through 7/31/2008, OMB 0651-0031 Under the Paperwork Reduction Act of 1995, no parsons are required to respond to a collection of information unless it displays a yelld OMB control number. Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I · (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FRED NUMBER EXTRA BASIC FEE DI CER 1.16(4), (b), or (c)) RATE (1) FEE (\$) ŅĄ RATE (\$) FEE (1) NIA NVA 150.00 SEARCH FEE N/A 300.00 (37 CFR 1 16(1), (1), or (m)) · N/A NA. NA \$260 EXMINATION FEE N/A \$500 (1) CFR 1.16(4, (p), or (a)) NA 1 . NIA NA \$100 TOTAL CLASHS NIA \$200 (1) OFR 1:16(1) minus 20 = X\$ 25 HOEPENDENT CLAIMS X\$50 OR (37 OFR 1.16(N) minus 3. e X100 X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR 1.16(6)) is \$250 (\$125 for small entity) for each additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1:16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) +180= +360= "If the difference in column 1 is tess than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN OR SMALL ENTITY CLAIMS HIGHEST SMALL ENTITY REMAINING. PRESENT NUMBER AFTER AMENOMENT RATE (1) AMENDMENT ADDÍ-PREVIOUSLY **EXTRA** RATE (\$) TIONAL. ADÓL PAID FOR FEE (\$) Total TIONAL AT CER MAIN Minus 2 FEE (1) X\$ 25 Independent DI CFR LIGHT X\$50 OR Minus X100 ٠_ Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (3) CFR 1.16(0) + 1.80= +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING 8 NUMBER PRESENT RATE (\$) AFTER MENDMENT ADDI-PREVIOUSLY RATE (\$) EXTRA TIONAL FEE (1) AMENDMENT ADDI-PAID FOR Total profit Light TIONAL Minus FEE (\$) X\$ 25 Independent PTOFR LIBAR X\$50 Minus OR . X100-Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR

* If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (In THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

**SPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed, and authoriting and authoriting the completed application form to the USPTO. Time will vary depending upon the individual case. Any companies. obding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments a the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient Management of time you require to complete into form smoor suggestions for reducing this outroon, should be sent to the Chief information Chicer, U.S. Patera Management Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.